

UNITED STATES DISTRICT COURT

FELIPE OTEZE FOWLKES,
Plaintiff

APPLICATION TO PROCEED
WITHOUT FULL PREPAYMENT
OF FEES; AFFIDAVIT AND
AUTHORIZATION FORM

Commissioner of MASS. DOC, Kathleen
M. Dennehy, et, AL.
Defendant(s)

CASE NUMBER

1. FELIPE O. FOWLKES declare that I am the (check appropriate box)

☒ petitioner/plaintiff/movant

☐ other

in the above-entitled proceeding; that in support of my request to proceed without prepayment of fees or costs under 28 USC. § 1915 I declare that I am unable to pay the costs of these proceedings and that I am entitled to the relief sought in the complaint / petition / motion.

In support of this application, I answer the following questions under penalty of perjury:

1. Are you currently incarcerated?:

☒ Yes

☐ No (If "No" go
to Part 2)

If "Yes" state the place of your
incarceration: CEDAR JUNCTION PRISON

Are you employed at the institution?

☐ Yes

☒ No

Do you receive any payment from same?

☐ Yes:

☒ No

Notice to

Inmates: The Certificate portion of this affidavit must be completed.

2. Are you currently employed?:

☐ Yes

☒ No

a. If the answer is "Yes" state the amount of your take-home salary or wages and pay period and give the name and address of your employer.

b. If the answer is "No" state the date of your last employment, the amount of your take home salary or wages and the name and address of your last employer. JULY 10, 2003.

#33-25 LABOR READY TEMPORARY AGENCY, 359 NORTH ST., PITTSFIELD, MA 01201

3. In the past twelve months have you received any money from any of the following sources?

a. Business, profession or other self employment

☐ Yes

☒ No

b. Rent payments, interest or dividends

☐ Yes

☒ No

c. Pensions, annuities or life insurance payments

☐ Yes

☒ No

FORM F. 1

I, FELIPE OTEZE FOWLKES, authorize the agency holding me in custody to send to the Clerk of the United States District Court for the BOSTON OFFICE ("Clerk"), at his request, certified copies of statements of my trust fund account (or institutional equivalent) at the institution where I am currently incarcerated.

If I have not been incarcerated at my current place of confinement for at least six (6) months, I authorize such agency to provide said Clerk, at his request, with copies of such account statements from the institution(s) in which I had previously been incarcerated.

I further request and authorize the agency holding me in custody to calculate, encumber and/or disburse funds from my trust fund account (or institutional equivalent) in the amounts specified by 28 U.S.C. § 1915(b). This authorization is furnished in connection with the commencement of the civil action submitted herewith (or noted below), and I understand that the total filing fee which I am obligated to pay is \$150.00. I also understand that this fee will be debited from my account regardless of the outcome of my lawsuit. This authorization shall apply to any other agency into whose custody I may be transferred.

→ Signature: Felipe Oteze Fowlkes
★ NOTE: You must sign your name on the above line.★

FOR OFFICIAL USE ONLY -- DO NOT WRITE BELOW THIS LINE

Name and DIN Number: _____
Civil action number: 9: _____
Short name of case: _____

d. Disability or veterans compensation payments

☒ No

e. Gifts or inheritances

☐ Yes☒ No

f. Any other sources

☐ Yes☒ No

If the answer to any of the above is "Yes" describe each source of money and state the amount received and what you expect you will continue to receive.

4. Do you have any cash, checking or savings accounts? ☐ Yes☒ No

If "Yes" state the total amount: _____

5. Do you own any real estate, stocks, bonds, securities, other financial instruments, automobiles or any other assets? ☐ Yes☒ No

If "Yes" describe the property and state its value (attach additional sheets as necessary):

6. List the persons who are dependent on you for support, state your relationship to each person and indicate how much you contribute to their support.

-NONE-

I declare under penalty of perjury that the above information is true and correct.

AUGUST

12, 2005

DATE

SIGNATURE OF APPLICANT

FELIPE OTEZE FOWLKES

CERTIFICATE

(To be completed by appropriate official at the institution of incarceration)

I certify that the applicant named herein has the sum of \$ 0.00 on account to his/her credit at (name of institution) MCI CT.

I further certify that the applicant has the following securities to his/her credit:

0.00. I further certify that during the past six months the applicant's average balance was \$ 0.00.

8/12/05

DATE

SIGNATURE OF AUTHORIZED OFFICER